



**California State Board of Pharmacy**  
400 R Street, Suite 4070, Sacramento, CA 95814-6237  
Phone (916) 445-5014  
Fax (916) 327-6308  
www.pharmacy.ca.gov

STATE AND CONSUMER SERVICES AGENCY  
DEPARTMENT OF CONSUMER AFFAIRS  
GRAY DAVIS, GOVERNOR

## APPLICATION FOR WHOLESALER PERMIT

Please print or type

**ALL BLANKS MUST BE COMPLETED; IF NOT APPLICABLE, ENTER N/A**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       |          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------|
| Name of Wholesaler:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Wholesaler telephone number:<br>(     )                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |       |          |
| Address of Wholesaler: Number and Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | State | Zip Code |
| If located outside of California, name of principle or agent:                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       |          |
| Indicate type of ownership:<br><input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Not-for-profit corporation <input type="checkbox"/> Government owned                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       |          |
| Indicate whether this application is for:<br><input type="checkbox"/> Change of location of an existing wholesaler <input type="checkbox"/> Change of ownership of an existing wholesaler <input type="checkbox"/> New wholesaler                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       |          |
| If this is a change of ownership or a change of location, indicate below the previous name, address and license number of wholesaler.                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       |          |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | License number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       |          |
| Address: Number and Street                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | State | Zip      |
| This wholesaler will ship to:<br>(check all that apply)<br><input type="checkbox"/> Pharmacies<br><input type="checkbox"/> Hospitals<br><input type="checkbox"/> Prescribers<br><input type="checkbox"/> Prescriber groups (B & P Code 4059.1)<br><input type="checkbox"/> Exempt hospitals without pharmacists (B & P Code 4056)<br><input type="checkbox"/> Clinics<br><input type="checkbox"/> Other licensed healthcare practitioners<br><input type="checkbox"/> Non-Licensed Outlets<br>Specify: _____<br>Other: _____ |  | Type of products this wholesaler will handle:<br>(check all that apply)<br><input type="checkbox"/> Dangerous drugs (B & P Code 4022)<br><input type="checkbox"/> Controlled substances<br><input type="checkbox"/> Dangerous devices (B & P Code 4022)<br><input type="checkbox"/> Biologicals<br><input type="checkbox"/> Veterinary drugs<br><input type="checkbox"/> Medical gases<br><input type="checkbox"/> Dialysis supplies (B & P Code 4054)<br><input type="checkbox"/> Over-the-counter medications |       |          |
| Indicate if this wholesaler will act as a:<br><input type="checkbox"/> Custom broker (Import/Export) <input type="checkbox"/> Reverse distributor <input type="checkbox"/> Other: _____                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       |          |

CONTINUE ON REVERSE SIDE

| For Office Use Only                                |                                              |                |                 |
|----------------------------------------------------|----------------------------------------------|----------------|-----------------|
| <input type="checkbox"/> Articles of Incorporation | <input type="checkbox"/> Financial affidavit | Approved _____ | Cashier # _____ |
| <input type="checkbox"/> Written policies          | <input type="checkbox"/> Stock certificate   | Denied _____   | Date _____      |
| <input type="checkbox"/> Partnership agreement     | <input type="checkbox"/> By-laws             | Date _____     | Amount _____    |
| <input type="checkbox"/> Sellers' Certificate      | <input type="checkbox"/> Lease               |                |                 |

|                                                                                                                            |                            |                   |                     |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------|---------------------|
| List all state(s) in which this company is or has been registered as a wholesaler (attach additional sheets if necessary): |                            |                   |                     |
| <b>State</b>                                                                                                               | <b>Registration Number</b> | <b>Issue Date</b> | <b>Renewal Date</b> |
|                                                                                                                            |                            |                   |                     |
|                                                                                                                            |                            |                   |                     |

|                                                                                                                          |                            |                   |                     |
|--------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------|---------------------|
| List all state(s) in which this company is or has been registered as a pharmacy (attach additional sheets if necessary): |                            |                   |                     |
| <b>State</b>                                                                                                             | <b>Registration Number</b> | <b>Issue Date</b> | <b>Renewal Date</b> |
|                                                                                                                          |                            |                   |                     |
|                                                                                                                          |                            |                   |                     |

|                                                                                                                                                                                                                                                                              |                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Has any disciplinary or criminal action been taken against any of the licenses in any of the states listed above? <b>If yes, you must attach a written explanation giving full details. Failure to provide an explanation will delay the processing of your application.</b> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|

|                                                                                                                                                                                                                                   |       |                              |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------|-----------|
| Will there be a pharmacist in charge of operations at this location? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No</span><br>If yes, provide name, license number and residence address. |       |                              |           |
| Pharmacist's name:                                                                                                                                                                                                                |       | Pharmacist's license number: |           |
| Residence address:                                                                                                                                                                                                                | City: | State:                       | Zip Code: |

List all persons who have **applied** for an exemption certificate for this wholesaler location.

|       |
|-------|
| Name: |
| Name: |
| Name: |

|                                                                                   |         |                           |                           |
|-----------------------------------------------------------------------------------|---------|---------------------------|---------------------------|
| Premise is: <input type="checkbox"/> Leased/rented <input type="checkbox"/> Owned |         |                           |                           |
| Name of lessor/rentor or owner:                                                   | Address | City/State/Zip            | Telephone number<br>(   ) |
| Name of lessee/renter:                                                            | Address | City/State/Zip            | Telephone number<br>(   ) |
| Monthly rental amount:      \$                                                    |         | Expiration date of lease: |                           |

|                                                                                   |  |  |  |
|-----------------------------------------------------------------------------------|--|--|--|
| <b>A signed copy of the lease agreement must be attached to this application.</b> |  |  |  |
|-----------------------------------------------------------------------------------|--|--|--|

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|                                                                                                                    |
|--------------------------------------------------------------------------------------------------------------------|
| Anticipated first day of business:                                                                                 |
| Name and telephone number of person authorized to clarify information provided on this application<br><br>(      ) |

## PLEASE READ CAREFULLY AND SIGN BELOW

This application must be approved by the California State Board of Pharmacy before a wholesaler permit will be issued. If changes are made during the application process, you may need to submit a new application with appropriate fees. Fees applied to this application are not transferable and are not refundable.

Any material misrepresentation in the answer of any question is grounds for refusal or subsequent revocation of license, and a violation of the Penal Code of California. All items of information in this application are mandatory. Failure to provide any of the requested information will result in the application being rejected as incomplete.

The information will be used to determine qualifications for licensure under the California Pharmacy Law. The official responsible for information maintenance is the executive officer, 400 R Street, Suite 4070, Sacramento, California 95814-6237, (916) 445-5014. The information may be transferred to another governmental agency, such as a law enforcement agency, if necessary for it to perform its duties. Each individual has the right to review the files or records maintained on him/her by the Board of Pharmacy, unless the records are identified as confidential information and exempted by section 1798.3 of the Civil Code.

## Certification of Applicant – Please read carefully and sign below

Under penalty of perjury, under the laws of the state of California, each person whose signature appears below, certifies and says: (1) He/she is the applicant, or one of the owners or managers of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he/she has read the foregoing application and knows the contents thereof and that each and all statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant's or applicants' business to be conducted under the license(s) for which this application is made; (4) all supplemental statements are true and accurate.

|                                                  |                     |       |      |
|--------------------------------------------------|---------------------|-------|------|
| Signature of corporate officer, partner or owner | Name (please print) | Title | Date |
| Signature of corporate officer, partner or owner | Name (please print) | Title | Date |
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